

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 13-DEC-2012		TIME 07:30:00	2. ADDRESS OF OCCURRENCE 727 E 111TH ST CHICAGO, IL 60628				3. LOCATION CODE 281	4. BEAT/OCCUR 0531						
MEMBER INVOLVED <input type="checkbox"/> DNA  SUBJECT INFORMATION	5. POSITION 9171	6. LAST NAME MEADOR	7. FIRST NAME WILLIAM A	8. STAR NO. 1003	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 511	12. HT. 175						
	14. DATE OF APPT. 04-AUG-1997	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 005 0520	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	20. LAST NAME COLEMAN	21. FIRST NAME PHILLIP	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 600	27. WT. 180						
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED?/VERBAL THREAT (ASSAULT), MOUTH (SPIT,BITE,ETC), FEET, <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ROSELAND COMMUNITY HOSPITAL	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED 720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4	37. CB NO. 18557298	IR NO. 2188581	38. DNA							
	38. REASON FOR USE OF FORCE (Check all that apply)		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT:ASSAULT							
	SUBJECTS ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>							
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER PREPARED TO SPIT AT Q							
	OTHER _____		OTHER STOOD AND ADVANCED		OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/>							
	MEMBERS RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>							
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		OTHER <input type="checkbox"/>								
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		WEAPDN <input type="checkbox"/>								
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/>								
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER _____								
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		OTHER HELD LEG		OTHER _____								
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		OTHER _____		OTHER _____								
OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____								
OTHER _____		OTHER _____		OTHER _____		OTHER _____								
39. DNA		* OC/CHMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION										
POSITION		STAR NO.	UNIT											
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>						
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE								
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.						
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT PDLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.												
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BDTH <input type="checkbox"/> 04 UNKNWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)												
70. EVENT NO. 1234713460														
71. R.O. NO. HV600058														
72. CASE INFO.		NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
SIGNATURES		73. REPORTING MEMBER (Print Name) MEADOR, WILLIAM A 13-DEC-2012 12:32:44		STAR/EMPLOYEE NO. 1003	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) WALKER, TOMMY J STAR NO. 2328						SIGNATURE [REDACTED]	DATE REVIEWED 13-DEC-2012 13:18:02	TIME 13:18:02
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.														
CPD-11.377 (REV. 10/07)														

LOG# 1058981

Attachment 21

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
hospitalized			

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, R/Lt finds that all Department Rules and orders were followed.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1058981 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) <b>MOSTEK, CARLOS M</b>	SIGNATURE 	DATE COMPLETED <b>13-DEC-2012</b> TIME <b>13:38:45</b>
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78. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	80. TOTAL TRR's THIS EVENT No. <b>11</b>
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